FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

PROCESSED

FORM D

NOTICE OF SALE OF SECURITIES FEB 0 5 2007 PURSUANT TO REGULATION D

SECTION 4(6), AND/OR THOMSON SECTION 4(0), AND/OR
THOMSON LIMITED OFFERING EXEMPTION OMB APPROVAL

OMB Number:

3235-0076

Expires:

April 30, 2008

Estimated average burden

hours per response

1.00



| Name of Offering (check if this is an amendment and name has changed, and indicat Class B Membership Units | e change.) | | |
|--|---|--|--|
| Filing Under (Check box(es) that apply):] Rule 504 Rule 505 [x] Rule 506 Sect | tion 4(6) ULOE | | |
| Type of Filing: [x New Filing [] Amendment | | | |
| A. BASIC IDENTIFICATION DATA | \(\sigma_1\) | | |
| 1. Enter the information requested about the issuer | Y.A. | | |
| Name of Issuer ([] check if this is an amendment and name has changed, and indicat Advanced Drilling Services, LLC | 105 6 | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 10600 N. De Anza Blvd., Suite 250 Cupertino, CA 95014 | Telephone Number (Including Area Code) (408) 873-0400 | | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same | Telephone Number (Including Area Code) Same | | |
| Brief Description of Business Oil and gas exploration, development and production in Asia and the Pacific Rim countrie | es. | | |
| Type of Business Organization corporation | [X] other (please specify): Limited Liability Corporation | | |
| Actual or Estimated Date of Incorporation or Organization: O 3 0 5 | bbreviation for State: | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR230.501 et seq. or

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer, and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| A RASIC II | DENTIFIC A | TION D. | ATA |
|------------|------------|---------|-----|
|------------|------------|---------|-----|

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

| • Each general and managing parties of p | | [x] Executive Officer | [] Director | [x] General and/or Managing |
|--|-----------------------------|-----------------------------|--------------------|---|
| Check Box(es) that Apply: [x] Promoter | [x] Beneficial Owner | [x] Executive Officer | | Partner |
| Full Name (Last name first, if individual) Cagan, Laird | | | | |
| Business or Residence Address (Number an | d Street, City, State, Zip | Code) | | * |
| 10600 N. De Anza Blvd., Suite 250, Cuperti | no, CA 95014 | | . <u></u> | <u></u> |
| Check Box(es) that Apply: []Promoter | [] Beneficial Owner | [x] Executive Officer | [] Director | [x] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| McTeigue, Michael | | | | |
| Business or Residence Address (Number ar | d Street, City, State, Zip | Code) | | |
| 10600 N. De Anza Blvd., Suite 250, Cuperti | no, CA 95014 | | | |
| Check Box(es) that Apply: [] Promoter | [x] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| McAfee, Eric A. | | <u></u> | | |
| Business or Residence Address (Number ar | nd Street, City, State, Zip | Code) | | |
| 10600 N. De Anza Blvd., Suite 250, Cuperti | no, CA 95014 | | | |
| Check Box(es) that Apply: [x] Promoter | [x] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Liviakis Financial Communications, Inc. | | | <u></u> | |
| Business or Residence Address (Number as | nd Street, City, State, Zip | Code) | | |
| 655 Old Redwood Hwy, #395 Mill Valley, | CA 94941 | | | |
| Check Box(es) that Apply: [x] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | · | - | | |
| Chadbourn Securities, Inc. | | | <u></u> | |
| Business or Residence Address (Number a | nd Street, City, State, Zip | Code) | | |
| 1050 Riverside Drive, Jacksonville, FL 3220 |)4 | | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Business or Residence Address (Number a | nd Street, City, State, Zi | p Code) | | |
| (Use blank | sheet, or copy and use a | additional copies of this s | heet, as necessary | y.) |

| | | | · · · · | B. IN | FORMA | TION AB | OUT OF | FERING | | | | |
|------------------------------|------------------------------|---|-------------------------------|------------------------------|-------------------------------|---------------------------------------|------------------------------|---|---|---|------------------------------|--|
| 1 17 4 | | on doss +b - | inanar inter | | | | | | | | | Yes No [] [x] |
| 1. Has the | issuer soid, | or does the | issuer inter | | | | | g under ULO | | *************************************** | | [] [*] |
| | | | | | | | | | | | | \$50,000 |
| 2. What is | the minimu | m investme | ent that will | be accepted | a from any | marviduai? | | | ••••• | | | Yes No |
| | | | | | | | | | | | | [x][/) |
| sımıl is an broke | ar remunera | tion for soil person or ag If more th | gent of a broan five (5) t | oker or deal persons to b | In connecte ler registere | on with the | SFC and/or | directly or i ies in the off with a state such a broke | or states 1 | ist the name | e of the | |
| Full Name (Cagan, Lair | | first, if indiv | vidual) | | | | | | | , . | | |
| Business or 10600 N. D | | | | | | Code) | | | | | | |
| Name of As Chadbourn | | | aler | | _ | | | | | | | |
| States in W (Check | hich Person "All States" | Listed Has or check ir | Solicited on dividual St | r Intends to ates) | Solicit Pur | chasers | | ••••• | *************************************** | | | [] All States |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | (CO) [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] (MA) [ND] (WA) | FL MI OH [WV] | [GA] [MN] [OK] [WI] | (HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] |
| Full Name Sierra Equi | | | vidual) | | | | | | | | | |
| Business or 7700 Cong | Residence ress Ave, S | Address (N uite 3207, I | umber and Boca Raton | Street, City , FL 33487 | , State, Zip | Code) | | | | - | | |
| Name of A Alan Godd | | oker or Dea | aler | | | - + | | | | | | |
| States in W (Check | hich Person "All States' | Listed Has or check in | Solicited on Individual St | r Intends to ates) | Solicit Pur | chasers | | | ······ | | | [] All States |
| [AL] [IL] [MT] [R] | AK) IN NE (SC) | [AZ] [IA] [NV] [SD] | AR KS NH TN | (CA) [KY] [NJ] [TX] | [CO] [LA] [NM] [UT]] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | DC MA (ND) WA) | (FL) (MI) (OH) (WV) | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] |
| | (Last name Securities, | | vidual) | | | | | | | | | |
| | r Residence side Avenu | | | | , State, Zip | Code) | | | | | | |
| Name of A | ssociated B | roker or De | aler | | | | | | | | <u></u> . | <u></u> |
| States in W (Check | /hich Persor "All States" | Listed Has | s Solicited on ndividual S | or Intends to tates) | o Solicit Pu | rchasers | | | *************************************** | | , | [] All States |
| [AL] [IL] [MT] [RI] | (AK) (IN) (NE) (SC) | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | CA (KY) NJ) | [CO] [LA] [NM] | [CT] [ME] [NY] [VT] | (DE) (MD) (NC) | [DC] [MA] [ND] [WA] | FU MII OHI (WV) | GA) [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | | | |
|----|--|-----------------------------|--|
| | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | Aggregate Offering Price | Amount Already Sold |
| | Type of Security | Offering Trice | 3014 |
| | Debt | \$ | \$ |
| | Equity | \$ | |
| | [] Common [] Preferred | | |
| | Convertible Securities (including warrants)1.2 M warrants of Class B Units and Class B units issuable upon exercise thereof | \$ <u>2,400,000</u> | \$ |
| | Partnership Interests up to 7,000,000 Class B Membership Units | \$ <u>14,000,000</u> | \$ 150,000 |
| | Other (Specify) | \$ | \$ |
| | Total | \$_16,400,000 | \$150,000 |
| | | | |
| | Answer also in Appendix, Column 3, if filing under ULOE | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 3 | \$_150,000 |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | \$ 150,000 |
| | Answer also in Appendix, Column 4, if filing under ULOE | | <u> </u> |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities of this offering. Classify securities by type listed in Part C - Question 1. | Type of Security | Dollar Amount Sold |
| | Type of affaring | | |
| | Type of offering | | |
| | Rule 505 | | \$ |
| | •• | | \$ \$ |
| | Rule 505 | | \$ \$ \$ |
| | Rule 505 | | \$ \$ \$ |
| 4. | Rule 505 Regulation A Rule 504 | | \$\$ \$\$ |
| 4. | Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not | | \$ |
| 4. | Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | [] | \$ \$ |
| 4. | Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. | [] | \$ \$ |
| 4. | Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs. | [] | \$ |
| 4. | Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees. Accounting Fees. | [][x | \$ |
| 4. | Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees. Accounting Fees. Engineering Fees. | [][][] | \$ |
| 4. | Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees. Accounting Fees. | [] [x | \$ |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 4. b. Enter the difference between the aggrege Part C - Question 1 and total expenses furnista. This difference is the "adjusted gross p 5. Indicate below the amount of the adjusted | ished in response to Part C - Question roceeds to the issuer." | | | | \$_15,090,000 |
|--|--|----------|--|-------------------------|---|
| proposed to be used for each of the purp purpose is not known, furnish an estimate estimate. The total of payments listed must the issuer set forth in response to Part C - Q | oses shown. If the amount for any and check the box to the left of the tegual the adjusted gross proceeds to | | | | |
| | | | Payments to Officers, Directors, & Affiliates | | Payments To Others |
| Salaries and fees | | [] | \$ | . [] | \$ |
| Purchase of real estate | | [] | \$ | . [] | \$ |
| Purchase, rental or leasing and installation | on of machinery and equipment | [] | \$ | . [] | \$ |
| Construction or leasing of plant building | [] | \$ | . [] | \$ | |
| Acquisition of other business (including in this offering that may be used in exchof another issuer pursuant to a merger). | [] | \$ | . [] | \$ | |
| Repayment of indebtedness | [] | \$ | . [] | \$ | |
| Working capital | | [] | \$ | [x] | \$ 15,090,000 |
| Other(specify): | | [] | \$ | - [] | \$ |
| | | [] | \$ | f 1 | \$ |
| Column Totals | | [] | \$ | | \$ 15,090,000 |
| Total Payments Listed (column totals ac | | , , | | [x] | \$ 15,090,000 |
| Total Layments Listed (conditin totals an | | | | | |
| | D. FEDERAL SIGNATU | JRE | | | |
| The issuer has duly caused this notice to be sign signature constitutes an undertaking by the issue information furnished by the issuer to any non-acc | r to nimish io ine u s. securiues ali | u Excui | 11126 COMMINSSION, UP | led under on writter | Rule 505, the following n request of its staff, the |
| Issuer (Print or Type) Advanced Drilling Services, LLC | Signatur | <u>ر</u> | Date January 23, 2 | 007 | |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | | | | |
| Michael McTeigue | Chief Financial Officer | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

| E. STATE SIGNATURE | | |
|--|------|-----------|
| Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? | Yes[| No [x] |
| San Annendix Column 5 for state response | | |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature /// Tay 0 | Date |
|---------------------------------|---------------------------------|------------------|
| Advanced Drilling Services, LLC | The fire | January 23, 2007 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | - |
| Michael McTeigue | Chief Financial Officer | |

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 | Intend to non-a investor | to sell ccredited s in State -Item 1) | Type of Security and aggregate offering price offered in state (Part C-Item 1) | | | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
|-------|--------------------------------|--|--|--------------------------------------|--------|--|--------|-----|--|--|--|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No | | |
| AL | | | | | | | | | | | |
| AK | | | | | | | | | | | |
| AZ | | | | | | | | | | | |
| AR | | | | | | | | | | | |
| CA | | | | | | | - | | | | |
| со | | | | | | | | | | | |
| СТ | | | | | | | | | | | |
| DE | | | | | | | | | | | |
| DC | | | | | | | | | | | |
| FL | | | | | | | | | | | |
| GA | | | | | | | | | | | |
| HI | | | | | | | | | | | |
| ID | | | | | | | | | | | |
| ΙL | | | | | | | | | | | |
| IN | _ | | | | | | | | | | |
| IA | _ | | | <u> </u> | | | | | <u> </u> | | |
| KS | | | | | | | | | | | |
| KY | | | | | | | | | | | |
| LA | | | | | | | | | | | |
| МЕ | | | | | | | | | | | |
| MD | | | | | | | | | | | |
| МА | | | | | | | | | | | |
| МІ | | | | · | | | | | | | |
| MN | | | | | | | | | | | |
| MS | | | | | | | | | | | |
| мо | | | | | | | | | | | |
| l | | | | APPEN | DIX | | | | | | |

| 1 | Intend to non-a investor | 2 I to sell ccredited s in State -Item 1) | Type of Security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
|-------|--------------------------------|---|--|--|-----------|--|--------|--|----------|--|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No | |
| MT | | | | | | | | | | |
| NE | | | | | | | | | | |
| NV | | | | | | | | | | |
| NH | | | | | | | | | | |
| NJ | | | | | | | | , | | |
| NM | | | | | | | | | | |
| NY | | | | | | | | | | |
| NC | | | | | | | | | | |
| ND | • | | | | | | | | | |
| ОН | | | | | | | | | | |
| OK | | | | | | | | | | |
| OR | | | | | | | | | <u> </u> | |
| PA | | X | Membership Units \$100,000 | 2 | \$100,000 | None | | | X | |
| RI | | | | | | | | | | |
| SC | | ļ | | | | | | | | |
| SD | | | | | | | | | | |
| TN | | | | | | | | | | |
| TX | | x | Membership Units \$50,000 | 1 | \$50,000 | None | | | X | |
| UT | | | | | | | | | | |
| VT | | | | | · | | | | | |
| VA | | | | | | | | | | |
| WA | ļ | | | | · | | | | | |
| WV | | | | | | | | | | |
| WI | | | | | | | | | | |
| WY | | | | | | | | | | |
| PR | | | | | | | | | | |